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Patent Attorney's Docket No. 002004-219

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

			Deg Francisco
In re P	atent Application of)	BOX RCE
G. William Ragland et al.)	BOX RCE Group Art Unit: 3726
Application No.: 09/490,259)	Examiner: Eric Compton
Filed:	January 24, 2000)	Confirmation No.: 6933
For: APPARATUS AND METHODS FOR)	RECEIVED
	MANUFACTURE OF MULTILAYER METAL PRODUCTS)	AUG 2 1 2002
			TECHNOLOGY CENTER 83700

AMENDMENT AND REPLY UNDER 37 C.F.R. \$1.114 (RCE) TRANSMITTAL LETTER

Assistant Commissioner for Patents Washington, D.C. 20231

Sir:

Match & Return

pat

	osed is an Amendment and Reply Under 37 C.F.R. §1.114 (RCE) for the above-identified plication.					
[]	A Petition for Extension of Time is also enclosed.					
[]	A Terminal Disclaimer and a check for [] \$55.00 (248) [] \$110.00 (148) to cover the requisite Government fee are also enclosed.					
[]	Also enclosed is Acknowledgment Postcard .					
[X]	Small entity status is hereby claimed.					
[X]	Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the [X] \$370.00 (279) [] \$740.00 (179) fee due under 37 C.F.R. § 1.17(e).					
	[] Applicant(s) previously submitted, on for which continued examination is requested.					
[]	Applicant(s) request suspension of action by the Office until at least _, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.					

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(05/02)

- [] A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (146/246) is also enclosed.
- [X] No additional claim fee is required.
- [] An additional claim fee is required, and is calculated as shown below:

No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE	
39	MINUS 49 =	0	× \$18.00 (103) =	\$0	
6	MINUS 8 =	0	× \$84.00 (102) =	\$0	
If Amendment adds multiple dependent claims, add \$280.00 (104)					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
	CLAIMS 39 6 tiple depende	CLAIMS PREVIOUSLY PAID FOR 39 MINUS 49 = 6 MINUS 8 = tiple dependent claims, add \$280	CLAIMS PREVIOUSLY PAID FOR CLAIMS 39 MINUS 49 = 0 0 6 MINUS 8 = 0 0 tiple dependent claims, add \$280.00 (104) 0	CLAIMS PREVIOUSLY CLAIMS RATE 39 MINUS 49 = 0 × \$18.00 (103) = 6 MINUS 8 = 0 × \$84.00 (102) = tiple dependent claims, add \$280.00 (104)	

[] A claim fee in the amount of \$	is enclosed.
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[] Charge \$_____to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By: 76 m. Z

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Date: August 16, 2002